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The Effect of Environmental Factors on the Job Performance of Health Workers in the Federal Teaching Hospitals in Nigeria

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Abstract
The purpose of the study was to highlight the significant environmental factors that could influence the attitude of the health workers in the federal teaching hospitals in Nigeria. The investigation concentrated on the examination of the relationship between environmental factors-bitter political differences, ethnicity, stateism and favouritism and job performance in the federal teaching hospitals in Nigeria. The fourteen top federal teaching hospitals in Nigeria were covered in the study. The study was examined in the light of Herzberg's Two Factor Theory that affect employee's performances. A sample of 560 health workers was chosen purposively. The hypothesis was tested using univariate analysis of variance. Test results on the tests of between-subject effects presents the model for the relationship between health workers job performance and the other variables and the relationship between health workers performance and each of the variables separately. With F-values at $P < 0.05$, it is revealed that a combination of political differences, ethnicity and stateisms as well as favourntism affects performance of the health workers in the federal teaching hospitals in Nigeria. This shows that health managers who are nepotic and corrupt are the major causes of the poor work attitude of Health workforce in the federal teaching hospitals in Nigeria. The environmental factor is a barrier that has broken the link between effort and reward to the determinant of motivation and job performance in the federal teaching hospitals in Nigeria.

Keywords
Environmental factors, Poorly motivated client-unfriendly, Job performance, Federal Teaching Hospitals, Health Workers, Hygiene Factors.

Introduction

The purpose of this study was to highlight the significant environmental factors that could be influencing the attitude of the health workers in the federal teaching hospitals in Nigeria. Accordingly, in introducing an efficiency drive, many committees and boards set up by the federal government of Nigeria had attempted to profile the attitude of the health workers towards work in the federal teaching hospitals in Nigeria with a view to changing it favourably. For instance, some years ago, the government of the South East of Nigeria thought it had found the philosopher's stone by changing the Igbo name of the civil service from Olu Oyibo to Olu Obodo; that is, from white man's work to community work. A massive effort was made to bring about the desired change in attitude to work of Nigerian worker, but not much was achieved there after. The increasingly poor attitudes towards work in the public sector in Nigeria, especially in the federal teaching hospitals are a concern in the country (Ejiofor, 1987).

The conflicting issues to examine in this study are that Nigerians traditionally value hard work. A young man, for instance, would be qualified as a bridegroom if he was hardworking. The traditional work system in many parts of Nigeria was based on the dignity of labour. It was assumed to be effective because workers were seen to be committed and had their objectives well-defined. Historical for example, a young man showed how good his wife was by taking other young men with him to work for his parents-in-law. He also worked hard for a colleague in anticipation of a reciprocal deal when it was his turn. People were convinced that they were working for themselves and their own welfare. It was also assumed to be effective because of the fairness that surrounded it, the promptness of rewards and the direct relationship between work and rewards. But in Nigeria today, the current fashion seems to

blame government and civil servants for the public sector's poor performance as a health-care provider. Doctors and Nurses in government employment are labeled as Unproductive, poorly motivated inefficient, client-unfriendly, absent or even corrupt. Widespread demotivation is said to be due to unfair public desirable outcomes (such as pay raise or promotion) that have no link to the behaviours that should be encouraged. This has could the implicit civil service values of well-functioning public organizations in Nigeria. The problem is lingering and becoming worse everyday in the country.

Therefore, this study was an attempt to investigate the personnel motivation in the federal teaching hospitals in Nigeria, with the aim of identifying ways of improving the job performance of the health service workers across the sub-region of West Africa. The investigation will concentrate on the examination of how the environmental factors, such as bitter political differences, ethnicity, stateism and favourtism affects job performance in the federal teaching hospitals in Nigeria. Since the health workforce is the largest and most important resource of the health infrastructure, it merits the priority attention which this study would give it to improve its management, particularly in respect of job performance. The main issue that in formed the necessity for and significance of this study was the need to identify some effective strategies that would assist the hospital management in Nigeria to ensure that manpower is not only adequately planned for and trained, but also skillfully managed, including the improvement of career development and incentive schemes, to ensure its effective utilization.

Theoretical Framework

This study is examined in the light of Herzberg's Two Factor Theory. According to Frederick Herzberg, two major sets of factors affect employee's performance. The first set, which Herzberg labeled hygiene factors, corresponds to the lower level needs in Maslow's theory. Hygiene factors are contextual or extrinsic aspect of a job such as salary, fringe benefits, company policies, working conditions, and inter personal relations with co-workers and supervisors. They can make people dissatisfied if they are inadequately met, but they will not motivate people to do a good job (Herzberg, Mausner and Snyderman, 1959). Assuming the hygiene factors are well managed, the key is to provide workers with motivators, or intrinsic rewards derived from the work itself, that provide continuous stimulation to strive for the best possible performance level as shown in figure 1. According to Herzberg, such motivators include the nature of the work responsibility for a task well done, feedback and recognition, opportunities for personal growth and learning, and feelings of achievement derived from task completion. Herberg contends that these motivators increase job satisfaction, and that removing dissatisfying characteristics from a job does not necessarily make the job satisfying (Herzberg, 1959, Gomez-Mejia and Balkin, 2002).

The notion that the two sets of factors are distinct and the statement that only intrinsic factors motivate people is controversial. A raise is an extrinsic reward, or a hygiene factor, and it may also be a strong form of recognition (an intrinsic reward, or a motivator factor). Although, the pure form of the theory has not been supported by most studies, Herzberg's work has been widely read, and many managers believe that it is a helpful way to analyze motivational problems at work. It reminds managers that intrinsic rewards are too often ignored (Herzberg, 1966, Gomz-Mejia and Balkin, 2002).

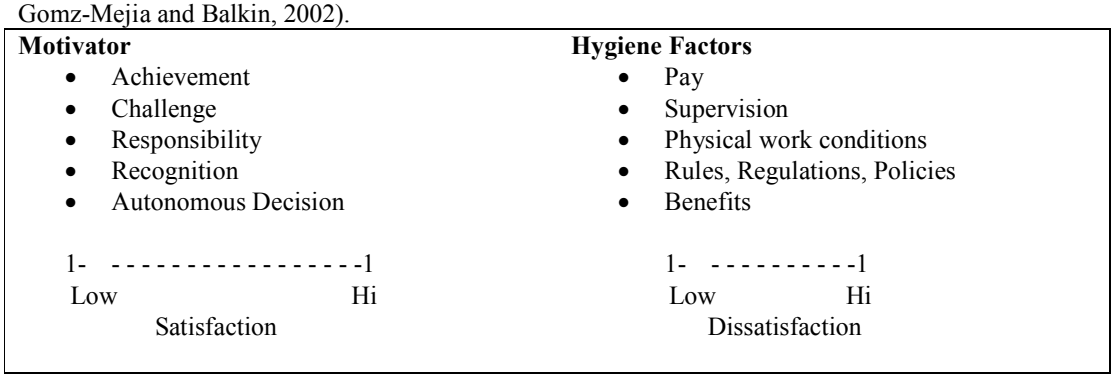

Figure 1: Herzberg's Two-Factor theory

Source: Ivancevich, J.M., Lorenzi, P., Skinner, S.J., and Crosby P.B. (1997) Management: Quality and competitiveness, New York: McGraw-Hill/Irwin.

In sum, Herzberg's ideas contributed to the launch of an important movement in favour of work reorganization and changes within companies and in industrial relations in organizations. But when one analyses Herzberg's experiments closely, one can see that he essentially concentrated on the reorganization of work. His advice was to propose a better organization, a simplification of the communication structure. A good consultant in an organization would have probably come to the same conclusions. That the new form of organization makes some individuals momentarily 'happier' in their work, and shows an improvement in productivity, does not demonstrate the validity of the theory of needs. All organizational changes seen as management action in favour of the employees are always greeted well by them. Fulfillment of oneself is not the point. But this is what Herzberg tried to demonstrate with the biblical references. Man is fulfilled by developing his creative abilities and work is the ideal place for human fulfillment, according to Herzberg (1959). This argument, central to Herzberg's theory, is what makes it weak from the perspective of the critics. Also many of his critics argued that unemployment and the precarious situations of today's industrial world has radically changed things since Herzberg's time and makes his argument appear remote from today's problems and renders his work again weaker. But since Fredrick Herzberg, theories on work motivation have learnt move towards the idea of work satisfaction rather than company incentives, where motivations seem to be linked to organizational structure rather than to human nature, more progressive works came to support it. The most progressive work has been that of March and Simon (1958) and after that, the work of Aoki, (1984), or with a more management perspective, the works of Mintzberg (1979). Even though that this Herzberg theory has been criticized by many scholars of industrial world, because of the radically changed of things since Herzberg's time, the model is suitable and adequate to analyze work attitude in a developing country like Nigeria. Herzberg's theory highlights the important distinction between extrinsic rewards (from motivators) which are necessary to examine in the light of this study, as it reminds managers not to count solely in extrinsic rewards to motivate workers but to focus on intrinsic rewards as well.

Research Methodology

The study covered the fourteen top federal teaching hospitals in Nigeria, they include the followings:

- Ahmadu Bello University Teaching Hospital (ABUTH), Zaria.
- Aminu Kano Teaching Hospital, Kano
- Lagos University Teaching Hospital (LUTH) Idi Araba, Surulere.
- Nnamdi Azikiwe University Teaching Hospital, Nnewi
- Obafemi Awolowo University Teaching Hospital Complex, Ile-Ife.
- University College Hospital (UCH), Ibadan
- University of Benin Teaching Hospital (UBTH), Ugbowo
- University of Calaber Teaching Hospital, Calaber
- University of Ilorin Teaching Hospital, Ilorin
- University of Jos Teaching Hospital, Jos
- University of Maiduguri Teaching Hospital, Maiduguri
- University of Nigeria Teaching Hospital (UNTH) Ituku-Ozola, Enugu
- University of Part Harcourt Teaching Hospital, Port Harcourt
- Usman Dan Fadio University Teaching Hospital, Sokoto

A sample of 560 health workers was purposively chosen for the study. And since the study is concerned with specific productions, narrations of facts and characteristics, a descriptive/diagnostic design was adopted for the study. The research instrument used for the data collection included both structured questionnaire and interview guide. Data collected were descriptively analyzed, using frequencies, simple percentages, charts, means and standard deviation measures. The data were tested at 5% level of significance, using the Z-test statistics to establish whether the responses were normally distributed. They were done with the aid of the SPSS 17.0 statistical software. The hypothesis was tested using univariate analysis of variance.

Data Presentation and Analysis

In order to achieve the objective of this study, the following questions were asked and analyzed as follows

How the environmental factors affect job performance in the Federal Teaching Hospitals in Nigeria

Question 1: How do you rate the job performance of employees in the teaching hospital?

Table 1: Job Performance of Employees in Teaching Hospitals

teaching hospital	how do you rate the job performance of employees in the teaching hospital?					
	Excellent	Good	Average	Poor	bad	Total
ABUTH Zaria	6	6	6	18	4	40
	15.0%	15.0%	15.0%	45.0%	10.0%	100.0%
Aminu Kano Teaching Hospital, Kano	7	5	3	21	4	40
	17.5%	12.5%	7.5%	52.5%	10.0%	100.0%
LUTH Lagos	3	7	4	20	6	40
	7.5%	17.5%	10.0%	50.0%	15.0%	100.0%
NAUTH Nnewi	4	5	9	18	4	40
	10.0%	12.5%	22.5%	45.0%	10.0%	100.0%
OAUTH Ile-Ife	3	4	4	22	7	40
	7.5%	10.0%	10.0%	55.0%	17.5%	100.0%
UCH Ibadan	5	4	1	23	7	40
	12.5%	10.0%	2.5%	57.5%	17.5%	100.0%
UBTH Ugbowo	6	7	5	18	4	40
	15.0%	17.5%	12.5%	45.0%	10.0%	100.0%
UCTH Calabar	3	4	4	21	8	40
	7.5%	10.0%	10.0%	52.5%	20.0%	100.0%
UITH Ilorin	4	7	7	12	10	40
	10.0%	17.5%	17.5%	30.0%	25.0%	100.0%
UJTH Jos	7	8	9	10	6	40
	17.5%	20.0%	22.5%	25.0%	15.0%	100.0%
UMTH Maiduguri	5	8	7	14	6	40
	12.5%	20.0%	17.5%	35.0%	15.0%	100.0%
UNTH Enugu	9	8	5	12	6	40
	22.5%	20.0%	12.5%	30.0%	15.0%	100.0%
UPTH Port Harcourt	7	5	9	12	7	40
	17.5%	12.5%	22.5%	30.0%	17.5%	100.0%
UUTH Sokoto	5	5	5	16	9	40
	12.5%	12.5%	12.5%	40.0%	22.5%	100.0%
Total	74	83	78	237	88	560
	13.2%	14.8%	13.9%	42.3%	15.7%	100.0%
Z-value	6.675					
p-value	0.000					

Source: Filed Data, 2013

Table above shows that over 50% of the respondents on an average from the sampled 14 teaching hospitals in Nigeria, opined that staff performance in the teaching hospitals is either poor or bad. With a Z-value of 6.675 at $p < 0.05$, this distribution is normal, hence, acceptable for further statistical testing.

Question 2: what is the level of bitter political differences in the teaching hospital?

Table 2: Level of Bitter Political Difference

teaching hospital	What is the level of bitter political differences in the teaching hospital?					
	very great extent	great extent	undecided	little extent	not at all	Total
ABUTH Zaria	8	14	6	5	7	40
	20.0%	35.0%	15.0%	12.5%	17.5%	100.0%
Aminu Kano Teaching Hospital, Kano	3	13	7	7	10	40
	7.5%	32.5%	17.5%	17.5%	25.0%	100.0%
LUTH Lagos	10	14	6	5	5	40
	25.0%	35.0%	15.0%	12.5%	12.5%	100.0%
NAUTH Nnewi	11	10	5	5	9	40
	27.5%	25.0%	12.5%	12.5%	22.5%	100.0%
OAUTH Ile-Ife	7	9	8	8	8	40
	17.5%	22.5%	20.0%	20.0%	20.0%	100.0%
UCH Ibdan	4	17	13	3	3	40
	10.0%	42.5%	32.5%	7.5%	7.5%	100.0%
UBTH Ugbowo	11	10	8	6	5	40
	27.5%	25.0%	20.0%	15.0%	12.5%	100.0%
UCTH Calabar	4	8	5	13	10	40
	10.0%	20.0%	12.5%	32.5%	25.0%	100.0%
UITH Ilorin	8	9	7	9	7	40
	20.0%	22.5%	17.5%	22.5%	17.5%	100.0%
UJTH Jos	7	8	8	8	9	40
	17.5%	20.0%	20.0%	20.0%	22.5%	100.0%
UMTH Maiduguri	7	14	4	8	7	40
	17.5%	35.0%	10.0%	20.0%	17.5%	100.0%
UNTH Enugu	4	13	12	5	6	40
	10.0%	32.5%	30.0%	12.5%	15.0%	100.0%
UPTH Port Harcourt	12	7	4	7	10	40
	30.0%	17.5%	10.0%	17.5%	25.0%	100.0%
UUTH Sokoto	11	6	11	6	6	40
	27.5%	15.0%	27.5%	15.0%	15.0%	100.0%
Total	107	152	104	95	102	560
	19.1%	27.1%	18.6%	17.0%	18.2%	100.0%

teaching hospital	What is the level of bitter political differences in the teaching hospital?					
	very great extent	great extent	undecided	little extent	not at all	Total
ABUTH Zaria	8	14	6	5	7	40
	20.0%	35.0%	15.0%	12.5%	17.5%	100.0%
Aminu Kano Teaching Hospital, Kano	3	13	7	7	10	40
	7.5%	32.5%	17.5%	17.5%	25.0%	100.0%
LUTH Lagos	10	14	6	5	5	40
	25.0%	35.0%	15.0%	12.5%	12.5%	100.0%
NAUTH Nnewi	11	10	5	5	9	40
	27.5%	25.0%	12.5%	12.5%	22.5%	100.0%
OAUTH Ile-Ife	7	9	8	8	8	40
	17.5%	22.5%	20.0%	20.0%	20.0%	100.0%
UCH Ibdan	4	17	13	3	3	40
	10.0%	42.5%	32.5%	7.5%	7.5%	100.0%
UBTH Ugbowo	11	10	8	6	5	40
	27.5%	25.0%	20.0%	15.0%	12.5%	100.0%
UCTH Calabar	4	8	5	13	10	40
	10.0%	20.0%	12.5%	32.5%	25.0%	100.0%
UITH Ilorin	8	9	7	9	7	40
	20.0%	22.5%	17.5%	22.5%	17.5%	100.0%
UJTH Jos	7	8	8	8	9	40
	17.5%	20.0%	20.0%	20.0%	22.5%	100.0%
UMTH Maiduguri	7	14	4	8	7	40
	17.5%	35.0%	10.0%	20.0%	17.5%	100.0%
UNTH Enugu	4	13	12	5	6	40
	10.0%	32.5%	30.0%	12.5%	15.0%	100.0%
UPTH Port Harcourt	12	7	4	7	10	40
	30.0%	17.5%	10.0%	17.5%	25.0%	100.0%
UUTH Sokoto	11	6	11	6	6	40
	27.5%	15.0%	27.5%	15.0%	15.0%	100.0%
Total	107	152	104	95	102	560
Z-value	4.727					
p-value	0.000					

Source: Filed Data, 2013

Table 2 above shows that not more than 45% of the respondents on an average from the sampled 14 teaching hospitals in Nigeria, opined that the level of bitter political difference in the teaching hospitals is either to a very great extent or to a great extent. With a Z-value of 6.675 at $p < 0.05$, this distribution is normal, hence, acceptable for further statistical testing.

Question 3: What is the frequency of occurrence of tribalism and stateism in the teaching hospital?

Table 3: Frequency of Occurrence of Tribalism and Stateism

teaching hospital	What is the frequency of occurrence of tribalism and stateism in the teaching hospital?					
	always	frequently	often	seldom	never	Total
ABUTH Zaria	12	10	13	3	2	40
	30.0%	25.0%	32.5%	7.5%	5.0%	100.0%
Aminu Kano Teaching Hospital, Kano	9	12	8	7	4	40
	22.5%	30.0%	20.0%	17.5%	10.0%	100.0%
LUTH Lagos	8	8	9	8	7	40
	20.0%	20.0%	22.5%	20.0%	17.5%	100.0%
NAUTH Nnewi	13	4	7	11	5	40
	32.5%	10.0%	17.5%	27.5%	12.5%	100.0%
OAUTH Ile-Ife	12	6	9	6	7	40
	30.0%	15.0%	22.5%	15.0%	17.5%	100.0%
UCH Ibdan	12	10	6	6	6	40
	30.0%	25.0%	15.0%	15.0%	15.0%	100.0%
UBTH Ugbowo	13	10	7	5	5	40
	32.5%	25.0%	17.5%	12.5%	12.5%	100.0%
UCTH Calabar	13	11	5	6	5	40
	32.5%	27.5%	12.5%	15.0%	12.5%	100.0%
UITH Ilorin	6	14	9	7	4	40
	15.0%	35.0%	22.5%	17.5%	10.0%	100.0%
UJTH Jos	7	12	7	8	6	40
	17.5%	30.0%	17.5%	20.0%	15.0%	100.0%
UMTH Maiduguri	10	13	5	7	5	40
	25.0%	32.5%	12.5%	17.5%	12.5%	100.0%
UNTH Enugu	9	11	7	6	7	40
	22.5%	27.5%	17.5%	15.0%	17.5%	100.0%
UPTH Port Harcourt	8	14	6	5	7	40
	20.0%	35.0%	15.0%	12.5%	17.5%	100.0%
UUTH Sokoto	7	15	5	7	6	40
	17.5%	37.5%	12.5%	17.5%	15.0%	100.0%
Total	139	150	103	92	76	560
	24.8%	26.8%	18.4%	16.4%	13.6%	100.0%
Z-value	4.843					
p-value	0.000					

Source: Filed Data, 2013

Table above shows that a minimum of 45% of the respondents from each of the sampled 14 teaching hospitals in Nigeria, opined that the frequency of occurrence of tribalism and stateism in the teaching hospitals is either always or

frequently. With a Z-value of 4.843 at $p < 0.05$, this distribution is normal, hence, acceptable for further statistical testing.

Question 4: How often is favouritism displayed in the teaching hospital?

Table 4: Frequency of Occurrence of Favouritism

teaching hospital	How often is favouritism displayed in the teaching hospital?					
	always	frequently	often	seldom	never	Total
ABUTH Zaria	6	10	4	14	6	40
	15.0%	25.0%	10.0%	35.0%	15.0%	100.0%
Aminu Kano Teaching Hospital, Kano	7	10	7	8	8	40
	17.5%	25.0%	17.5%	20.0%	20.0%	100.0%
LUTH Lagos	15	11	3	7	4	40
	37.5%	27.5%	7.5%	17.5%	10.0%	100.0%
NAUTH Nnewi	8	9	6	10	7	40
	20.0%	22.5%	15.0%	25.0%	17.5%	100.0%
OAUTH Ile-Ife	13	11	6	5	5	40
	32.5%	27.5%	15.0%	12.5%	12.5%	100.0%
UCH Ibdan	11	7	8	8	6	40
	27.5%	17.5%	20.0%	20.0%	15.0%	100.0%
UBTH Ugbowo	15	10	6	5	4	40
	37.5%	25.0%	15.0%	12.5%	10.0%	100.0%
UCTH Calabar	11	10	7	6	6	40
	27.5%	25.0%	17.5%	15.0%	15.0%	100.0%
UITH Ilorin	11	11	8	5	5	40
	27.5%	27.5%	20.0%	12.5%	12.5%	100.0%
UJTH Jos	10	10	6	7	7	40
	25.0%	25.0%	15.0%	17.5%	17.5%	100.0%
UMTH Maiduguri	8	12	7	7	6	40
	20.0%	30.0%	17.5%	17.5%	15.0%	100.0%
UNTH Enugu	11	9	9	5	6	40
	27.5%	22.5%	22.5%	12.5%	15.0%	100.0%
UPTH Port Harcourt	19	6	0	7	8	40
	47.5%	15.0%	.0%	17.5%	20.0%	100.0%
UUTH Sokoto	13	8	7	7	5	40
	32.5%	20.0%	17.5%	17.5%	12.5%	100.0%
Total	158	134	84	101	83	560
	28.2%	23.9%	15.0%	18.0%	14.8%	100.0%
Z-value	4.800					
p-value	0.000					

Source: Filed Data, 2013

Table 4 above shows that a minimum of 50% of the respondents from each of the sampled 14 teaching hospitals in Nigeria, opined that the frequency of occurrence of favouritism in the teaching hospitals is either always or frequently. With a Z-value of 4.800 at $p < 0.05$, this distribution is normal, hence, acceptable for further statistical testing.

Hypothesis

The data presented in the above tables, are tested using univariate analysis of variance. The results are presented and discussed below.

Univariate Analysis of Variance

Between-Subjects Factors

		Value Label	N
what is the level of bitter political differences in your teaching hospital?	1.00	very great extent	107
	2.00	great extent	152
	3.00	undecided	104
	4.00	little extent	95
	5.00	not at all	102
What is the frequency of occurrence of tribalism and stateism in your teaching hospital?	1.00	always	139
	2.00	frequently	150
	3.00	often	103
	4.00	seldom	92
	5.00	never	76
How often is favouritism displayed in your teaching hospital?	1.00	always	158
	2.00	frequently	134
	3.00	often	84
	4.00	seldom	101
	5.00	never	83

Tests of Between-Subjects Effects

Dependent Variable:how do you rate the job performance of employees in your teaching hospital?

Source		Type III Sum of Squares	df	Mean Square	F	Sig.
Intercept	Hypothesis	1189.489	1	1189.489	189.972	.000
	Error	29.035	4.637	6.261[a]		
Pol	Hypothesis	8.635	4	2.159	3.137	.052
	Error	9.013	13.100	.688[b]		
Trib	Hypothesis	24.542	4	6.135	7.906	.001
	Error	12.876	16.591	.776[c]		
Fav	Hypothesis	.483	4	.121	.196	.938
	Error	12.115	19.601	.618[d]		
pol * trib	Hypothesis	6.888	11	.626	1.859	.098
	Error	8.262	24.525	.337[e]		
pol * fav	Hypothesis	5.205	12	.434	1.268	.293
	Error	9.153	26.754	.342[f]		
trib * fav	Hypothesis	6.981	12	.582	1.633	.128
	Error	12.109	33.997	.356[g]		
pol * trib * fav	Hypothesis	2.806	10	.281	.540	.862
	Error	259.206	499	.519[h]		

a. .740 MS(pol) + .909 MS(trib) + .970 MS(fav) - .670 MS(pol * trib) - .624 MS(pol * fav) - .681 MS(trib * fav) + .541 MS(pol * trib * fav) - .185 MS(Error)

b. .818 MS(pol * trib) + .771 MS(pol * fav) - .617 MS(pol * trib * fav) + .029 MS(Error)

c. .729 MS(pol * trib) + .727 MS(trib * fav) - .559 MS(pol * trib * fav) + .103 MS(Error)

d. .611 MS(pol * fav) + .650 MS(trib * fav) - .463 MS(pol * trib * fav) + .201 MS(Error)

e. .764 MS(pol * trib * fav) + .236 MS(Error)

f. .742 MS(pol * trib * fav) + .258 MS(Error)

g. .683 MS(pol * trib * fav) + .317 MS(Error)

h. MS(Error)

Expected Mean Squares[a,b]

Source	Variance Component								
	Var(pol)	Var(trib)	Var(fav)	Var(pol * trib)	Var(pol * fav)	Var(trib * fav)	Var(pol * trib * fav)	Var(Error)	Quadratic Term
Intercept	20.716	21.025	20.711	5.109	4.537	4.913	2.280	1.000	Intercept
Pol	27.984	.000	.000	6.987	6.481	.000	3.294	1.000	
Trib	.000	23.130	.000	6.229	.000	5.846	2.810	1.000	
Fav	.000	.000	21.348	.000	5.140	5.230	2.474	1.000	
pol * trib	.000	.000	.000	8.545	.000	.000	4.342	1.000	
pol * fav	.000	.000	.000	.000	8.407	.000	4.218	1.000	
trib * fav	.000	.000	.000	.000	.000	8.044	3.883	1.000	
pol * trib * fav	.000	.000	.000	.000	.000	.000	5.681	1.000	
Error	.000	.000	.000	.000	.000	.000	.000	1.000	

a. For each source, the expected mean square equals the sum of the coefficients in the cells times the variance components, plus a quadratic term involving effects in the Quadratic Term cell.

b. Expected Mean Squares are based on the Type III Sums of Squares.

Test results on the tests of between-subject effects presents the model for the relationship between staff performance and the other variables and the relationship between staff performance and each of the variables separately. With F-values at $p < 0.05$, it is revealed that a combination of political differences, ethnicity and stateism as well as favouritism affects staff performance and only ethnic and state sentiments affects staff performance. However, only political differences and favouritism does not affect state performance (as $p > 0.05$). Based on this, the null hypothesis is rejected and the alternative hypothesis accepted accordingly. Therefore, the environmental factors like political differences, ethnicity, stateism and favouritism is a significant barrier to job performance in the Federal Teaching Hospitals in Nigeria.

Discussions of the Major Findings

With F-values at $p < 0.05$, the study shows that an environmental factor which may be subdivided into bitter political differences, tribalism, stateism, and favoritism is a barrier against the satisfaction of the needs of the health workers in the federal teaching hospitals in Nigeria. They often make health workers' promotion not to be based on objective evaluation of health workers abilities and merits (a denial of opportunity for recognition and self actualization). This is shown in tables 1-4 of the analysis. But can these be traced back to the main problem in the Nigerian organizations, namely, poor organizational design with its attendant absence of objectives and rationalized responsibility and authority relations because they are often based on principles for order and predictability. The findings, as shown in the analysis therefore tend to suggest that when the federal teaching hospital rewards are over-sensitive to effort, motivation of the health workers are adversely affected. This may come about when the health workers get appointed into posts for which they are not qualified (the case of favouralism, stateism, tribalism or nepotism). This leads complacency and incompetence, both having adverse effect on health worker motivation in the job. On the other hand, when rewards are under-sensitive to effort, health workers experience frustration, and so tend to cut down output. The result of the expected mean squares also argue that when holding worker's ability, attractiveness of the reward and infrastructural support constant, only an incentive/ discretionary system based strictly on perfect instrumentality can keep health worker motivation at the optimum. Since health worker motivation is not at the optimum in the federal teaching hospitals in Nigeria, it follows that either the emerging theory of this work is either false or issues held constant are indeed active variables, or effort/offence is not perfectly instrumental to rewards/punishment. This agreement submits that perfect instrumentality is the missing link.

The result of univanate analysis of variance between subject factors here indicates that the incentive/disciplinary systems are intimately influenced by favouritism. For the health worker so favoured, the incentive system affecting him operates negatively. The favoured health worker becomes incompetent and lax while the federal hospital pays him much more than justified. To worsen the situation, the organization's "Cinderella" automatically perceives discrimination, and so the incentive system affecting them is perceived to lie ineffective, thus causing resentment in the hospital. On the disciplinary system, the favoured health worker perceives that the system operates ineffectively, and so the health worker tends to commit more offences. This scandalizes the less favoured health worker who then rides on the back of the favoured health workers and commits more offences.

Recognizing that favouritism and discrimination adversely affect motivation and job performance, and in an effort to remove these evils from the folds, the federal teaching hospitals in Nigeria fall into an equally dangerous "deep sea" of not closely relating reward/punishment to effort/offence. The system been know to implement policies such as: "promote all the health workers irrespective of ability after three years", "place all graduates irrespective of their value on the same level", "give all the health workers increment annually", "let the impatient but capable health worker wait for his colleagues", "ignore health worker shortcoming until a probe is set up after a change in government". In short, the federal teaching hospitals in Nigeria operate a horizontal instrumentality system, as shown in tables 1, 2, 3 and 4 of the analysis. Again, health workforce motivation suffers as shown in the "tests of between – subject's effects". Thus, by not being willing to appraise job performance and reward on that basis, by operating an employment and advancement system saturated with favouritism, discrimination, tribalism, stateism, and nepotism, by attempting to be "fair" to all health workers alike; or by not punishing offending health workers, managers in the federal teaching hospitals in Nigeria are indirectly encouraging the much decried bad attitude of their health workers toward work.

With $P > 0.05$, the study that for health workers in the federal teaching hospitals in Nigeria to have a good attitude towards works, they must be properly motivated. And a vital condition for motivating the health workers is to make their effort/offences instrumental to their rewards/punishments. The ideal is for effort/offences to be perfectly instrumental to rewards/punishments. In practice, perfect instrumentality may be unattainable goal in modern complex organizations in Nigeria, however, any hospitals in Nigeria, but any significant deviation from this ideal cause's low motivation or bad attitude towards work. These significant deviations are common in the federal teaching hospitals in Nigeria-favouritism, discrimination, tribalism, statism, nepotism, across the board rewards and punishment. Thus, the bad attitude towards work of these workers is directly attributable to the dominance of Type Y and Type X errors. To minimize the incidence of these errors, fairness is essential-fairness on the part of the health managers in hiring and firing, distribution of rewards and meting out of punishment.

Conclusion and Recommendations

Good management in the federal teaching hospitals in Nigeria requires a healthy attitude – self-control, dispassion, sacrificing short-term profits for long-term goals, and suppression of personal whims and caprices for organizational rules and procedures. To do this, health managers must not be corrupt. They must be devoted. This is because; no principle of management can be operated alongside corruption-favouritism and discrimination. They are not compatible. For principles are adhered to so that results can be predictable; while political differences, tribalism, stateism and favouritism are practiced so that effects do not follow naturally firm causes. It follows that in the federal teaching hospitals in Nigeria, for better management, efficiency and effective job performance, the first practices to be eradicated must be the barrier of the environmental factors-political difference, tribalism, ethnicity, stateism and favouritism. As long as these environmental factors remain the modus operandi, all the money spent on health workforce management seminars and conferences will be money thrown down the drain. It is the considered opinion of this study that the bad attitudes towards work of the health workers in the federal teaching hospitals in Nigeria is show clearly to be due to the barrier of the environment factors which have been subdivided into better political differences, tribalism, stateism and favouritism. They often make health workers' promotion not to be based on objective evaluation of the health workers abilities and merit (a denial opportunity for recognition and self actualization). It is important that the Herzberg's "dual-factor" motivator hygiene, satisfier –dissatisfied theory of motivation which has completely shaken common place motivation assumption to their foundation is taken into the situation. The health workers in the federal teaching hospital in Nigeria need the hygiene (extrinsic) factors which exist outside the work itself-physical environment, inter-personal relationship, salary, supervision, job security, good company policy and administration.

Even though these hygiene factors does not motivate the health worker for effective job performance, but their absence or reduction are already causing dissatisfaction. The health workers need the motivator (intrinsic) factors as much that exist within the work itself. The opportunity for advancement, recognition for achievement, responsibility, the work itself, and growth or advancement would provide greater motivation for the health workers is the federal teaching hospitals in Nigeria.

In conclusion, if health workers feel fairly treated from the outcomes they receive, or the processes used, they will be satisfied. A satisfied health worker is not necessarily more productive than a dissatisfied one, they can be are happy with their job simply because they don't have to work hard. Bank job dissatisfaction (Herzberg, 1966) aggregated across many individuals, will inevitably create a health workforce that is more likely to exhibit:

i. Higher turnover/out-of-country migration
ii. Higher absenteeism/feign to be sick
iii. Lower corporate citizenship
iv. More grievances and lawsuits
v. Strikes/industrial disputes
vi. Stealing sabotage and vandalism
vii. Poor mental and physical health (which can mean higher job stress, higher insurance costs, and more law suits) and
viii. Client-unfriendly in the federal teaching hospitals in Nigeria.

All of these consequences of dissatisfaction either directly or indirectly, are costly to the Federal teaching hospitals in Nigeria, as they affect job performance of the health workers.

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